FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instructions			Office use only
NAME OF COMMITTEE (in		Check if name changed)	Example: If typying, over the lines	type 12FE	Office use only
Conservative	e & Republican Toge	ther Equals Re	sults PAC	1 1 1 1 1	
ADDRESS (number and	7315 V	Visconsin Aven	ue		
_	Şujte,7	70,5			
(Check if add is changed)	dress Bethes	sda 		, j MC	) 20814 - 3202
			CITY	STATE	ZIP CODE ▲
COMMITTEE'S E-MA					
COMMITTEE'S WEE	B PAGE ADDRESS (URI	_)			
				1111	
COMMITTEE'S FAX 2025442616	NUMBER				
2. DATE <b>M 0</b>	M / D D / Y 11	<sup>Y</sup> 2 0 0 7 <sup>Y</sup>			
3. FEC IDENTIFIC	ATION NUMBER	C	C00427401		
4. IS THIS STATE	MENT X NEW (	N) OR	AMENDE	D (A)	
I certify that I have exan	nined this Statement and to	the best of my know	ledge and belief it is true,	correct and comple	ete
Type or Print Name o	f Treasurer D.	Craig Harris			
Signature of Treasure	er Electronically Filed I	ру <b>D. Craig Ha</b>	urris	Date	0 1
NOTE: Submission of fa	•	·	subject the person signing	_	the penalties of 2 U.S.C. S437g.
Office Use Only			For further info Federal Election Toll Free 800-42	24-9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)			
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the	ne candidate		
	information below.)			
	Name of  Candidate			
	Candidate Office Party Affiliation Sought: House Senate President	State District		
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate			
	(d) This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.		
	(e) This committee is a separate segregated fund			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	d fund or party		
6.	Name of Any Connected Organization or Affiliated Committee			
ı	None	<b>.</b>		
<u> </u>				
	Mailing Address			
	CITY▲ STATE ▲	ZIP CODE A		
	CITE STATE	ZIP CODE 🙇		
	Relationship			
	Type of Connected Organization:			
	Corporation Corporation w/o Capital Stock Labor Organi	zation		
	Membership Organization Trade Association Cooperative			

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W	Vrite or Type Committee Name			
	Conservative & Republi	ican Together Equals Results PAC		
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone numbooks and records.	nber optional), and position of	the person in
	Full Name Talent	Paymaster, Inc.		
	Mailing Address	7315 Wisconsin Aver	nue	
		Suite 705 East		
		Bethesda		20814 _ 0814
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Custodian	of Records	Telephone number 202	544
	Full Name of Treasurer  Mailing Address  D. Craig	g Harris  2601 Whitehurst Driv	re	
		Round Rock		78681 _ 8681
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Treasurer		Telephone number 512	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

Telephone number

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9.	Banks or Other De safety deposit boxes Name of Bank, Dep	es or maintains funds.	nts
	Mailing Address	First Texas Bank 900 South Austin Avenue	
		PO Box 649   Georgetown   TX   78627	
		CITY A STATE A ZIP COD	- DE △

Corporation

Membership Organization

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository	aintains funds.	olds accounts, rents
Pro	esidential Bank	
Mailing Address	4520 East West Highway	
	Bethesda     MD	20814   _
	CITY △ STATE △	ZIP CODE 🛕
Name of Any Connecte	ed Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connecte	ed Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connecte	ed Organization or Affiliated Committee	[ ADDITIONAL ]
	ed Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connecte	ed Organization or Affiliated Committee	[ ADDITIONAL ]
	ed Organization or Affiliated Committee	[ ADDITIONAL ]
	ed Organization or Affiliated Committee	[ ADDITIONAL ]
		[ ADDITIONAL ]
Mailing Address	CITY A STATE A	

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE A ZIP CODE A
	Te	elephone number = =